## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioner(s) named below (if more than ten petant practitioners are to be named, then a customer number must be used):    Name	l hereby n 37 CFR 3		ous powers of attorney gi	ven in the app	lication identified in the	attached stateme	ent under
Practitioner(s) named below (if more than ten pelant practitioners are to be named, then a customer number must be used):    Name   Registration   Name   Registration   Number						7	
Practitioner(s) named below (if more than ten peakent practilionars are to be named, then a customer number must be used):    Name	✓ Practi	tioners associated	with the Gustamer Number:		42292		
Name    Registration   Number   Name   Registration   Number   Registration   Rumber   Rumber	h						
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned before the United States Patent and Trademark Office (USPTO) in connection with any and address for the application identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number:   42292	Practi	tioner(s) named be	elow (if more than ten patent pr	actitioners are to	be named, then a customer nu	imber must be used)	:
any and all patent applications assigned unit to the undersigned according to the USPTO assignment records or assignment documents attached to this form is accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number		Name					
any and all patent epplications assigned unity to the undersigned according to the USPTO assignment records or assignment documents attached to the form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number   42282							
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The address associated with Customer Number OR OR OR OR Individual Name Address  City State  Zip  Country  Telephone Email  Emai	any and all attached to	atent applications his form in accord	assigned <u>only</u> to the undersign ance with 37 CFR 3,73(b).	ed according to ti	ne USPTO assignment record	s or assignment doc	tion with iments
L Individual Name Address   City State Zip  Country  Yeiephone Email  Assignee Name and Address:  DI-Walkor III Services LLC  2711 Centerville Rd., Suitle 400, Attn: Dept 281  Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.  and must Identify the application in which this Power of Addrenny is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and tatle is supplied below is authorized to act on behalf of the assignee.  Signature Mary Mary Mary 1 Jelephone	OR	The doctor production with president a reminer			42292		
Address  City Country Teisphone Email  Assignee Name and Address: DI-Walklor III Services LLC 2711 Centerville Rd., Suite 400, Attn: Dept 281 Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and tate is supplied behav is authorized to act on behalf of the assignee.  Signature Mary Brown  Mary Brown  Teisphone							
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Teisphone Email  Assignee Name and Addresc:  DI-Walkor III Services LLC  2711 Centerville Rd., Suitle 400, Attn: Dept. 281  Wilmington, DE 19808  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and take is supplied below is authorized to act on behalf of the assignee.  Signature  Mary Brown  Mary Brown  Jeisphone		,					
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The individual veloce signature and title is supplied below is authorized to act on behalf of the assigned Signature Control of the session o	filed in ea	ch application I tioners appoint	in which this form is used ed in this form if the appo	. The statemer inted practition	nt under 37 CFR 3.73(b) n ner is authorized to act or	ray be completed	by one of
Name Mary Brown Telephone		The individ				of the assignee	
	Signature	gnature May 10000			Date ,	8/25/10	
Title Authorized Person for DI-Walker III Services LLC	Name	(	Mary Brow	n	Telepi	none	
This collection of information is required by 37 CFR 131 132 and 1.33. This information is required to obtain or retain a benefit by this public which is to file (as							

This collection of entermation is ringuised by 37 CPH 3.3.1.3.4 and 1.5.5. The imministration is ringuised to decise of retains a decision of the collection of the collection